



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/630,248	
	Filing Date	August 1, 2000	
	First Named Inventor	Masaaki Oka	
	Art Unit	2671	
	Examiner Name	Scott A. Wallace	
Total Number of Pages in This Submission		Attorney Docket Number	SUZCO 55325

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Technology Center 2600

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULWIDER PATTON LEE & UTECHT, LLP
Signature	
Date	September 16, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the			
Typed or printed name	David G. Parkhurst	Registration No.	29,422
Signature		Date	September 16, 2003

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2671

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FEE TRANSMITTAL for FY 2003 <i>Effective 01/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known <div style="float: right; font-size: 2em; font-weight: bold;">RECEIVED</div>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/630,248
TOTAL AMOUNT OF PAYMENT (\$) \$110.00		Filing Date	August 1, 2000
		First Named Inventor	Masaaki Oka
		Examiner Name	Scott A. Wallace
		Group Art Unit	2671
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METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																														
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 06-2425 Deposit Account Name: FULWIDER PATTON ... The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David G. Parkhurst	Registration No. (Attorney/Agent)	29,422
Signature	<i>David G. Parkhurst</i>	Telephone	310-824-5555
		Date	Sept. 16, 2003

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